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Barbara Brazier	(Depositor's name)
Dartara Prafra	(Signature)
November 5, 2008	(Date)

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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/516,562	06/16/2005	Rudolf Bahnen	LYBZ2 00088	5128

TITLE OF INVENTION: DUAL-SHAFT VACUUM PUMP

APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1440	\$300	\$0	\$1740	11/10/2008
EXAM	INER	ART UNIT	CLASS-SUBCLASS	]		
DWIVEDI, V	IKANSHA S	3746	417-410100			
Change of correspondence address or indication of "Fee Address" (37 CR 1,553).     Change of correspondence address (or Change of Correspondence Address form PTO/SB122) attached.     "Fee Address" indication (or "Fee Address" Indication form PTO/SB147, Rev 03-02 or more recent) attached. Use of a Customer Number of Correspondence address of the Correspondence and Correspondence address of the Correspondence and Correspondence and Correspondence and Correspondence and Correspondence and Correspondence address and Correspondence and Correspondence and Correspondence address and Correspondence and Correspondence address and Correspondence and Correspondence address and Correspondence and Correspondence address and Correspondence address and Correspondence and Correspondence address and Corre		2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively. (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.		era 2	SHARPE LLP	

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

OERLIKON LEYBOLD VACUUM GmbH

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Please check the appropriate assignee category or categories (will not be printed on the patent) : 🔲 Individual 💆 Corporation or other private group entity 🗀 Government 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) 4a. The following (ce(s) are submitted:

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The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 06-0308 (enclose an extra copy of this form)

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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. □ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature Date Registration No. Typed or printed name Thomas E. KOCOVSKY,

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